

PART B—ISSUE FEE TRANSMITTAL

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Washington, D.C. 20231



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QM12/1218

AUDLEY A. CIAMPORCERO, JR.
ONE JOHNSON & JOHNSON PLAZA-INTELLECTUAL
NEW BRUNSWICK NJ 08933-7003

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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Paula A. Hein

(Depositor's name)

Paula A. Hein

(Signature)

March 12, 2001

(Date)

| APPLICATION NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|-----------------------|-------------|-------------------------|-----------------------------|---------------|
| 08/858,389 | 05/19/97 | 003 | KOO, B | 3764 12/18/00 |
| First Named Applicant | FOERSTER, | 35 USC 154(b) term ext. | = | 0 Days. |

TITLE OF INVENTION METHODS AND DEVICES FOR DEFINING AND MARKING TISSUE

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEES DUE | DATE DUE |
|------------------------|----------------|-----------|-------------|--------------|-----------------|----------|
| END 4P5 H-102000017 | 606-116.000 | W50 | UTILITY | No Yes | 1244.00 0.00 | 03/19/01 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.263). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 8 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1. _____
- 2. _____
- 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate where an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT an expense for filing an assignment. Rec. 11/25/94 & 8/4/98 Reel 7237 & 9359

(A) NAME OF ASSIGNEE Frame 062 & 0461

Ethicon Endo-Surgery, Inc.

(B) RESIDENCE (CITY & STATE OR COUNTRY) Cincinnati, OH

Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual Corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

- Issue Fee
 Advance Order - # of Copies _____

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Issue Fee

Advance Order - # of Copies 3

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the issue Fee to the application identified above.

(Authorized Signature)

Reg. No. (Date)
32,839

NOTE: The issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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01 FC:142 1244.00 CH
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